

United States Department of the Interior

NATIONAL PARK SERVICE PO Box 29 Craters of the Moon NM & Preserve Arco, ID 83213

APPLICATION FOR WAIVER OF FEES

In order to apply for a fee waiver to Craters of the Moon NM & Preserve **YOU MUST COMPLETE THE INFORMATION BELOW AND RETURN IT WITH THE FOLLOWING:**

- ➤ A copy of the course curriculum or an articulate statement of your educational and/or scientific objectives RELATED TO THE USE OF Craters of the Moon NM & Preserve on official letterhead;
- Documentation of official recognition by federal, state, or local government as an educational or scientific institution.(i.e. accreditation)

Please note: Camping is considered a recreational use of park facilities. Therefore, camping fees are not generally waived.

Name of institution: Address: _____ Official in charge of group: Telephone: (____)____ Number of adult sponsors or faculty: _____ Number of students: _____ Date of entry: ____ Date of departure: Return completed application to: Craters of the Moon NM & Preserve P.O. Box 29 Arco, Idaho 83213 Attn: Dave Durbin Phone: (208) 527-3257 Fax: (208) 527-3073 Code of Federal Regulations - Title 36 - 71.13 - Recreation Fees: Exceptions, exclusions, and exemptions. (d) No Federal recreation fee shall be charged for commercial or other activities not related to recreation, including, but not limited to, organized tours or outings conducted for educational or scientific purposes related to the resources of the area visited by bona fide institutions established for these purposes. Applicants for waiver of fees on this basis will be required to provide documentation of their official recognition as educational or scientific institutions by Federal, State, or local government bodies and will also be required to provide a statement as to the purpose of the visit proposed. The use of any recreation facilities for which a fee waiver is requested must relate directly to the scientific or educational purposes of the visit and may not be primarily for recreational purposes. No Federal recreation fee shall be charged any hospital inmate actively involved in medical treatment or therapy in the area visited. ******************* VSO USE ONLY: Fee Waiver completed and mailed on: _____ By: ____